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ABSTRACT

This study sought to ascertain the expectations regarding help for personal problems of Mexican-American people in one community. The population surveyed consisted of people not actively seeking mental health services. A questionnaire was formulated consisting of 18 items pertaining to expectations about help for personal problems. The results indicate that a significant number of these Mexican-American respondents indicated a preference for a directive, advice-giving helping person who would tell them what was wrong, come to their homes, pray for them, and try to cheer them up. The most preferred persons to do these things were the priest and the psychologist. There were few statistically significant discrepancies between the English speaking and Spanish speaking respondents. If we accept the premise that it is best to give people the kinds of service that they want or expect, then replication of surveys such as this one should be helpful in the design of better community service delivery systems. (Author/BW)

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The attitudes of Mexican-American "Non-help Seekers" regarding help for personal problems: A pilot study

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Several studies of Mexican-Americans have observed them to be less proportionately represented among those seeking help for personal problems (Karno, Ross, and Caper, 1969; Madsen, 1964a; Jaco, 1959). Two areas of investigation seem relevant to forming an understanding of this phenomenon. First, it has been demonstrated that members of several minority groups have expectations about the nature of mental health treatment that differ from the expectations of the therapists, and that the degree of such differences is inversely related to the likelihood that patients would return for further visits to the therapist (Overall and Aronson, 1963; Heine and Trosman, 1960). Secondly, Mexican-Americans have been observed to differ from middle-class Anglos in the evaluation of behaviors along a mental illness dimension (Karno and Edgerton, 1960).

The present study sought to ascertain what are the expectations regarding help for personal problems of Mexican-American people in one community. Unlike earlier studies which surveyed biased samples, people in the role of mental health clinic patient (Overall and Aronson, 1963; Heine and Trosman, 1960), the present study surveyed a more general population, people outside of the context of seeking mental health services. Since differences in the perception of mental illness have been observed between Mexican Americans interviewed in Spanish and those interviewed in English (Karno and Edgerton, 1960), respondents were compared on this language dimension. Another area of concern was to what degree could mental health professionals get into the phenomenological world of the expectations of their clients. The responses of a mental health clinic staff were gathered with the request, "answer as if you were a Mexican-American person seeking help for personal problems."

METHOD

Questionnaire: A schedule was formulated consisting of 18 items pertaining to expectations about help for personal problems. Most of the items were selected from, or similar to, questions used by the Overall and Aronson study. Four dimensions were investigated in the questionnaire: (1) the degree to which the therapist is expected to be active and directive; (2) the degree to which the therapist is expected to be medically oriented; (3) the degree to which the therapist is expected to be religiously oriented; and (4) the geographic and social distance of help from one's home and family. The questionnaire was orally

presented in either Spanish or English.

Subjects: The responses of 51 Mexican-American people were obtained. 31 people answered in Spanish; 20, in English. There was an attempt made to obtain a varied sample of the Lubbock, Texas population with regard to neighborhood and social class. This was done by selecting city blocks, residences, and businesses at random from 3 predominantly Mexican-American neighborhoods (Arnett-Benson, Guadalupe, East Lubbock). There were 22 male and 29 female subjects, ranging in age from 13 to over 60. The occupations of the men were as follows: 5 laborers, 2 maintenance men, 7 skilled tradesmen, 3 students, 1 salesman, 1 store owner, and 3 unemployed or disabled. The occupations of the women were as follows: 15 housewives, 5 students, 2 domestic workers, 2 waitresses, 1 store owner, 1 cashier, 1 teacher, 1 teacher's aide, and 1 disabled. While the majority of the respondents were married, there were also several single, divorced, and widowed subjects.

Sampling procedure: The principal investigator and the interpreter, a teenage Mexican-American girl from Lubbock, approached respondents initially speaking Spanish. One out of every 8 people asked to answer questions refused to do so. The questions were asked aloud to the respondents, with the interpreter trying to assure herself that the questions were understood. It was not unusual for it to take 30 to 45 minutes to interview a single respondent. This time involved explaining the purpose of the survey as well as obtaining answers to the questions. Several of the respondents asked, in turn, where people might obtain help for a variety of personal problems.

RESULTS

The percent of affirmative responses of the Mexican-Americans to the first 13 questions are presented in Table I, with a breakdown by language.

Table I: Percent of Mexican-Americans giving Affirmative Response

If you were having problems getting along with people,... would you want to talk to someone who would:

Question	All	Spanish	English
1. listen more than he talks?	80	84	72
2. try to cheer you up?	94	97	89
3. give you medicine?	43	58	0
4. tell you what is wrong...?	84	90	78
5. ask...a lot of questions?	47	32	44
6. tell...how to solve...problems?	90	93	89
7. ask about your childhood?	53	48	61
8. ...not...give advice?	43	58	29
9. avoid /upsetting/ subjects'	47	52	44
10 talk to your whole family?	53	52	61
11. send you to other agencies..?	55	58	44
12. come to your home?	73	81	56
13. pray for you?	84	90	67

Respondents in Spanish differed from respondents in English on three items: (1) 58 percent of the Spanish group indicated a preference for being given medicine, while none of the English group indicated such a preference; (2) 59 percent of the Spanish group indicated a preference for a therapist who would be careful not to give advice, while 27 percent of the English group indicated such a preference; (3) 90 percent of the Spanish group indicated a preference for a person who would pray for them, while 67 percent of the English group indicated such a preference.

In addition, 76 percent of all Mexican-Americans indicated a preference for talking to a helping person at home rather than down town: and 78 percent of the respondents said that they preferred to talk in their neighborhood rather than down town. Over 94 percent of the respondents indicated a preference for talking to an older person rather than a younger person. 100 percent of either language group indicated a preference for discussing personal problems in the same language as that in which they responded in the survey. Table II lists the percent of Mexican-Americans indicating preferences for various helping professions, given forced choices.

Table II: Percent of Mexican-American respondents most preferring or least preferring various helping professionals

Helping person	Most Preferred	Least Preferred
Social worker	6	4
Doctor	8	8
Psychologist	20	2
Guidance Counselor	16	0
Community Action worker	4	2
Nurse	0	14
Priest	33	6
Curandero	12	63

The two most preferred people were the priest and the psychologist. As many respondents (8 percent) said that they most preferred to talk to a doctor as said they least preferred a doctor. The two least preferred helping people were the curandero and the nurse.

A group of 11 psychologists and social workers at a local mental health related agency were asked to complete the questionnaire, "as though you were a Mexican-American person." There were significant differences in the responses of the two groups (agency personnel and Mexican-Americans) on 3 of the first 13 questions. (1) While 55 percent of the Mexican-Americans indicated that they would welcome being sent to another agency or person, 19 percent of the staff indicated a belief that Mexican-American respondents would have such a preference. (2) 73 percent of the Mexican-Americans indicated a preference for home visits, while 45 percent of the agency staff indicated a belief that the respondents would have such a preference. (3) While 84 percent of the Mexican-Americans indicated a preference for the helping person to pray for them, only 45 percent of the staff indicated a belief that the

Mexican-American respondents would have such a preference.

DISCUSSION

Theresults of the present study were similar to those of the Overall and Aronson study of a lower socioeconomic status sample of mental health clinic patients in Baltimore. The greater number of Mexican-American respondents in the present study indicated a preference for a directive, advice-giving helping person who would tell them what is wrong, come to their homes, pray for them, and try to cheer them up. The most preferred persons to do these things were the priest and the psychologist. The least preferred were the curandero and the nurse. The low preference for the curandero seemed to contrast with the observation of Madsen (1964b). Madsen's study of South Texas border communities noted that the curandero was a viable alternative source for help for medical and other personal problems, particularly for Mexican-Americans who less assimilated into Anglo culture. It is interesting to note that, with but one exception, all of the respondents in the present study indicating a prefereence for the curandero were, as in Madsen's study, conservative; i.e., they were of the least socioeconomic status, and they claimed to speak English very poorly if at all. All of these respondents, too, were middle-aged or older.

Since there were few statistically significant discrepancies between the various groups, it can be concluded either that the various groups (English respondents, Spanish respondents, agency personnel) were quite similar, or the questionnare was not sufficiently sensitive to the patterns of expectations specific to the groups. Also, the possibility of response set biases was not considered in the design of the questionnaire.

If one believes that it is best to give people the kinds of services that they indicate they want or expect, then replication of surveys such as this one should be helpful in the design of better community service delivery systems.

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